

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AO FILED		AVAILABILITY AS INDICATED		AVAILABILITY AS INDICATED	
	CID	DEP	CID	DEP	CID	DEP
1	/					
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49		/				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CID	DEP	CID	DEP	CID	DEP
51						
52		/				
53		/				
54						
55						
56	/	/				
57	/					
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97						
98						
99						
100						
TOTAL IND.		9				
TOTAL DEP.		30				
TOTAL CLAIMS		39				